N. B.-WRITE PLAIN

V. S. No. 1

infor-	state	UPA-	
item of	should	of OCC	
LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-	
COMD.	PHYSI	act sta	
NT RE	LY.	l. Exg	
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Y, WI	careful	(H in p	,
	4	-	

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7414
state UPA-	1. PLACE OF PEATH	(943)
ould state	County Harford	Registration Dist. No.
should of OCC	Village or City aldino	No. St., Ward
1 1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fong In U.S. If of foreign birth?yrsmosds.
PHYSICIANS oct statement	2. FULL NAME Fredrick after	If U. S. Veteran, specify WAR
SIC	(a) Residence: No.	St., Ward,
HX	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7.	Male A STATE S. SHIELE, MARRIED, WHEN WED, OR DWORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
X A C T l	5a. If married, widowed, of divorced HUSBAND of (c) WHE of Man aker	22. I HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Man 28 1880	1 las saw h alive on alive on , 19 34; death Is seid
d erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
stated E properly certificate	36 / 22 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be st be pro of ce	8. Trade, profession, or particular	Carray thrombais 1/30/3
should it may n back	Andustry or business in which work was done, as SILK MILL, On Farm	
(m) +1 0	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town)	Lastinion.
supplied n terms, ee instru	II 13. NAME John Jr. Offer	
efully supplied in plain terms, ant. See instru	14. BIRTHPLACE (city or town) Starford Co.,	Name of operation Date of
lly plai	(State of Country)	What test confirmed diagnosis? Was there an autopsy? 🚜
efully in pla ant.	15. MAIDEN NAME // Wary (1 Gillum	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ld be careful DEATH in p y important.	15. MAIDEN NAME Way a Gullum 16. BIRTHPLACE (city or town) Taylor (State or country)	Accident, suicide, or homicide?
be EA7	Me Man A Country	Where did injury occur? (Specify city or town, county and State)
should OF DI	(Address) Auralen Mg. R. 10.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
10	18. BURIAL, CREMATION, OR REMOVED	Manner of Injury
	Place Date July 1906	Nature of injury
CAUS TION	19. UNDERTAKER De artingto mad.	24. Was disease or injury in any way related to occupation of deceased?
(1)	20. FILED Julia 1, 13 Berthe B. Kright	(Signed) Trans Wellest M. D. (Address) Have de frace
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago RUDEAU Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

D. Every item of infor-Exact statement of OCCUPA-PHYSICIANS should WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLA

V. S. No. 1

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7415
County Harfard	Registration Dist. No. 184
Village or City Russervello and	No. St. Ward
O'Y (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Italy vrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOhn A Wald	ww
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH July
mall this married	(Monyli) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That i attended deceased from
(01) WIFE 01 47 WELLOWN	1931 19 10 July 7 1836
6. DATE OF BIRTH (month, day, and year) See 2,7/1868	1 last saw han alive on Luly 17 1986; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date dated above at
75 16 3 11 x 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8 Trade profession or particular	deamanorhae of Bran Oate france
kind of work done, es SPINNER, Harme	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
O 10. Oato deceased last worked at this occupation (month and 930 spent in this occupation occupation occupation)	
On A	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	none
13. NAME GANGE (Saldion 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Liza Jane Shinburge	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT GALDION	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place J. J. G. M. Carelly 1 July 11-, 1936	Nature of injury
19. UNDERTAKER 1 DOWN AND OFFEBE	24. Was disease or injury in any way related to occupation of deceased?
(Address) Francis Grave Pa.	If so, specify
20. FILED July 9-, 1936 to J. Mc Hall-Registrar.	(Signed) (Address) Short B, 974
If more Planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	, ,	Other contributory causes of importance:		
Gallstones	May 1,1928	Gastroenterilis	1 year	

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1-0	7 1	- 1	13	
6	4	1	()	

	1. PLACE OF DEATH	44-90
/	County Harford	Registration Dist. No. 185
	Village or City Have the Grace,	NoSt., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Slonge a Bousque	. If U. S. Veteran, specify WAR.
	(a) Residence: No. Ocuc St.,	St., Ward.
1	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORGED (write the word)	July 28 193 6
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of Cory WIFE of & Asia Bareaut	22. HEREBY CERTIFY, That I attended deceased from
	Chica state of the.	July 27 1936, to July 28, 1934
te.	6. DATE OF BIRTH (month, dey, end year) July 9 - 1883.	I last saw h alive on
fica	7. AGE Years Months Bays If LESS than	to have occurred on the dete stated above, at
certificate	J-3 - I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, es SPINNER,	Gucinma rectum 1935
Jo:	AWIER, BUUNNEEPER, OC.	
ack	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
instructions on back	Q Q. Date deceased last worked at 11. Total time (yeers)	
0 8	this occupation (month and spent in this occupation occupation	
ion	8 let	Other Contributory Causes of importance:
nct	12. BIRTHPLACE (city or town) (State or country) (State or country)	De l'agrande
ıstr	# 13. NAME George Bousquet.	
	14. BIRTHPLACE (city of town) Duluty;	Name of operation Columnia Date of 1976
See	(State or country) minerate.	What test confirmed diegnosis? Wes there an autopsy?
ıt.	15. MAIDEN NAME Linda Troote &	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
is very important.	16. BIRTHPLACE (city or town). Duluty:	Accident, suicide, or homicide?
por	State or country) primes sola.	Where did Injury occur?
im	17. INFORMANT mrs, Educa Bourquet.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
FLY	(Address) Have be Grace male	open, money occurred in industri, in nome, or in robert reads.
A A	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place angel stell female July 30 - 1936,	Nature of injury
LION	19. UNDERTAKER Venington Son.	24. Was disease or injury in any way related to occupation of deceased?
7	(Address) Have de Grace ned.	If so, specify
1	20. FILED July 29, 1936 Charles J. Toley 3. D.	(Signed) Muse Unellect M.D.
	Registrar.	(Address) Jame de france had
	If more blanks are needed address State Peristran	N. Charles Carest Publishers P. W. W. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
Vuly5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 Yuly 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Yuly 5,1927 Peritonitis Other contributory causes of importance:	

M	item of infor- should state	
•	RECORD. Every	N S S S S S S S S S S S S S S S S S S S
FOR BINDING	IS A PERMANENT stated EXACTLY	Decision of the contract
IARGIN RESERVED FOR BINDING	LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	and there are that it inout ho
	LAINLY, WI	2

Village or Ci Length of residence 2. FULL NAI (a) Residence	dence in city or town where	deeth occurred / Yyrs — as Le Roy Let Hell (Usual place of abode)	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	
5e. If merried, widow HUSBAND of (or) WIFE of	ed, or divorced		22. I HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH (month, dey, and yeer)	Karely 6. 190	1 lest shy h M elive on July M 19 36; death is
7. AGE Yee	months 4	Deys If LESS th	
SAWYER, work was SAW MIL 10. Dete decesse	rork done, es SPINNER, BOOKKEEPER, etc business in which done, as SILK MILL, L, BANK, etc delest worked et petion (goorgh and	to Mechanic 11. Total time (years) spent in this occupation Z. y Thell R. F. A.	Other Contributory Causes of importence:
(State or coun	iny) Back	Cooley	
14. BIRTHPLACE (Stete or		To me.	Neme of operetion Dete of Dete of What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAI 16. BIRTHPLACE (State or 17. INFORMANT(Address)	P.	Bueter elso prof. Co hol Cordeny	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMAT	ION, OR REMOVAL	Dete Cun, 19:	Menner of injury
19. UNDERTAKER _ (Address)	D. market	tall hid	24. Wes disease or injury in eny wey releted to occupation of deceased?
20. FILEGUE	1 ,1936 2h	ra P. Brown Registra	(Signed) A. M. France

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II	
of death and related causes as follows:	Date of onset 1 week ago
	1 week ago
	3 days ago
auses of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

-WRITE PLAI

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7418

1. PLACE OF DEATH	(952)
County That affect	Registration Dist. No.
Village or City Cool Town	No. St., Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
- 5/1 //: Os	amer
2. FULL NAME	
(a) Residence: No. Complete Management (Usual place of abode)	St., Ward. If nonresident give city at tawn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male write OR DIVORCED (write the word)	Jonthy (Day) (Year)
5a. If married, widowed, or divorced	(lear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
1876 2 8 4	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
00 ormin.	wera as follows:
Rada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, ex.	Death Suagen -
kind of work dona, as SPINMER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	growthy wear
Industry or business in which work was dona, as SILK MILL, SAW MILL, BÄNK, etc	Descripted algories in transcript friends
10. Date deceased last worked at \frac{1}{10-26} \text{11. Total time (years)} \text{spant in this}	
this occupation (month and //6-36 spent in this occupation spent in this occupation	Mosp. When two ght to phydesess.
12. BIRTHPLACE (city or town) New Jersey	Other Contributory Causes of importance: Secessed had band and
(State or country)	disease. No hurther infortune
13. NAME NOT Suown	The state of the s
13. NAME NOT Scrows 14. BIRTHPLACE (city or town)	Nama of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HOT Kurow	23. II death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
≤ (State or country)	Where did Injury occur?
17. INFORMANT Helson morse	(Specify city or town, county and State) Specify whother injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Forest Kille Took	
18. BURIAL, CREMATION, OR REMOVAL Howford to 4/	Manner of injury
Place County Home Date	Nature of injury
19. UNDERTAKER SCALLER Son	24. Was disease or injury in any way related to occupation of decaased?
(Address) Lanethaville ma	If so, specify
20 FILED Ruly 7, 1936 Thas P. Brown	(Signed) 7. T. Bradley M.D.
20. FILED (124)	(Address) amettsulle, ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:	graceTill	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

MOTHER

15. MAIDEN NAME

17. INFORMANT (Address)

19. UNDERTAKE

16. BIRTHPLACE (city or town) (State or country)

item of infor-

OCCUPA. plnods Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7419
1. PLACE OF DEATH	(MOP)
County Acord	Registration Dist. No. 184
11000	
Village or City Williage Or City (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cynthia Weboa	nd
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SMGLE, MARRIED, WIDOWED, OR DIVORCED (rupic the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, withoused Hussean of Peggue Deboard 189 (or) WIFE of Peggue Deboard 189	22. JI HEREBY CERTIFY, That I attended deceased from H. July 1. 1936, to July 17. 1936
DATE OF BIRTH (month, day, end year)	I last saw h alive on
AGE Years Months Days ti LESS than 1 dayhrs.	to have occurred on the date steted bove, etm. The PRINCIPAL CAUSE OF DEATH and retated causes of importance
72 7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chrisic Myseardilis 1934
9. Industry or business in which work was done, as SILK MILL, A SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) from this occupation (month and year)	
12. BIRTHPLACE (city or town) frayson Co,	Dither Contributory Causes of importance:
(State or country)	
13. NAME stephen doggim	
14. BIRTHPLACE (city or town)	Name of operation Dete of 7/1.7/36
(State or country)	What test confirmed diagnosis? Was there an autoney?

Registrar.

23. If death was due to external causes (VtDL ENCE) filt in also the following:

Accident, suicide, or homicide?_____ Where did injury occur?____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or injury In any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No/ 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis C 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors could be interested			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-CERTIFIC	CATE OF	DEATH
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7	4	2	()

1. PLACE OF DEATH	(450)
County Harford	Registration Dist. No. 184
Village or City Street	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME arthur smith	Dordon
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEET Callerine L. Gordon	22. I HEREBY CERTIFY, That I attended deceased from
11 05 10-1	19357, to July 21 ab, 1936
6. DATE OF BIRTH (month, day, and year) / - 2 / - / / / / / / / / / / / / / / /	I last saw have alive on the data stated above, at 1.2
ML DIday, For hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Oste ol onset
9. Industry or business in which	to drig let Cliffale,
work was done, as SILK MILL, General work	Cheshel extending down to tonsils
10. Date deceased last worked at this occupation (month and 1936 spent in this year)	and glands of meck. cutso?
12. BIRTHPLACE (city or town) Bridgetow, Da (State or country)	Other Cantributary Causes of importance:
13. NAME arthur Smith Gordon 14. BIRTHPLACE (city or town) Bridgeton Pa	
14. BIRTHPLACE (city or town) 13 rudgeton () Ca	Name of operation Date of
(State of Country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIOEN NAME UNBURNOWN 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT I Farold Rigidon (Address) I to get my	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIC SURFMOVAL Placa Ala Francisco Date July 3/4936	Manner of Injury
19. UNDERTAKER S. W. Holden	Nature of injury 24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED LELLY 30, 19,36 21 1. I. Mc Habb	If so, specify (Signed) A 6. A Shurb M. D.
Registrar.	(Address) Boardiff The
If more/blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Aug 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		N .	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE C	OF MARYL	AND-CERTIFICATE	OF	DEATH
			-	

1. PLACE OF DEATH	622
County Harford les	Registration Dist. No. 182
Village or City Pollan mil	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Treslench Garrel	X.
(a) Residence: No. Bellin ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
made while marrier	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Cort WIFE of Ladora H. Gorrell	22. I HEREBY CERTUFY, Thet I attended daceased from
(or) WIFE of Ladore H. Horrel	1922, to July 1 1936
6. DATE OF BIRTH (month, day, and year) June 11- 1868	I last saw h Lan alive on July 95 19.3 6; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8 Pm. m.
68 6 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date of one of the property
kind of work done, as SPINNER, Selved	Direction: Obout 14 years. Ougas
A Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	Decompensation
(State or country) Hungaler me	and circulatory
13. NAME John Garrell	collapse
13. NAME John Garrell 14. BIRTHPLACE (city or town) Starfard Cov	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Soling Boromans 16. BIRTHPLACE (city or town) Harford Car (State or country)	23. If daath was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Harford law	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mis Ladora H. Gorrell	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bellu mu	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 18, 19.36	Manner of injury
Place Date Date 1936	Nature of Injury
19. UNDERTAKER Dean Vostal	24. Was disaese or injury in any way related to occupation of deceasad? Har
(Address) Selan ma	If so, spacify
20. FILED 7/18 , 1936 V. E. Chambers	(Signed) Chronelto Saffington M.D.
Registrar.	(Address) Seltin Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II	
of death and related causes s follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
auses of importance:	
	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford, 7	Registration Dist. No. / 8
Village or City Fallslow	NoSt.,Ward
(If Length of residence in city of Swn where death occurred 1.2 grsmps	death occurred in a horpital or institution, give its NAME instead of street and number)
11 12 12	111.71.
2. FULL NAME	12 July Shelefan, specify WAR.
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male There S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH 2/ (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY. That I attended deceased from
(or) WIFE of alle Tend	Jaly 6 18, 36 to July 2/ 19 36
6. DATE OF BIRTH (month, day, and year) Gue 23, 1862	last sow h as alive on July 211, 1936; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated abova, et 400 mm.
73 19 0 79 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Reade, profession, or particular had of work done, es SPINNER, Cleucal SAWYER, BODKKEEPER, etc.	mosfalle hyperhorny 11933
SAWYER, BODKKEEPER, etc.	Typelly (yours) () July 5,19
SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at last worked worked worked worked worked worked worked worked worked worke	A Hamilton Mullius July 13,19
O Date deceased last worked at this occupetion (month and spent in this	manua corra gaya,
year) occupation	Other Coatributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
(State or country)	
II 13. NAME Chaham Suffills	
14. BIRTHPLACE (city or town)	Nama of operation Data of
	What test confirmed diagnosis?
=	Accidant, suicida, or homicida?
16. BIRTHPLACE (city or town) State or country)	Where did Injury occur?
17. INFORMANTES V. S. Griffield	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CERMATION OF REMOVANCE Dawn	Mannar of Injury
Placerings Cem. Date July 24636	Natura of Injury
19. UNDERTAKER Joseberged & Goods.	24. Was disaase or Injury in any way related to occupation of deceased?
(Address) Busty July	If so, specify of the specify
20. FILED July 29, 1936 n C Richardson	(Signed) (Si
Registrar. If more blanks are needed, address State Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
a, more viantes are needed, aggress state Registrar,	agaz at. Commes Street, Dantimote, Acquesting U. 3. 140. I.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	PACTE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
GIN	

1.	PLACE OF DEATH			181
	County Markety	,	Registration Dist, No	[0]
	Village or Gity We am I	sure de Grace	, No. death occurred in a hospital or institution, give its NAME instead of at	St., Ward
	Length of residence in city or town where de		ds. How long in U.S. if of foreign birth?yrs	
2.	FULL NAME Trantle	of Harris	If U. S. Veteran, specify WAR	
	(a) Residence: No.	1	St Ward.	
		(Usual place of abode)	If nonresident give city or t	
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DE	ATH
3. SI	emale golored,	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 ((Year)
5a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of Muleoliu	Harris.	22. I HEREBY CERTIFY. That I	attended deceased from
6. D	ATE OF BIRTH (month, day, and year)	marel. 1-1866	Chast saw head alive on July 6,	19-3 5 death Is sain
7. A		Oays If LESS than	to have occurred on the date stated above, at 12:40 a.m.	
	70 4	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa were as follows:	Date of onset
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lousework,	Olisous nephrite	1930
A A	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
סטטס	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town)(State or country)	le County	Other Contributory Causes of Importance:	
0:	13. NAME Herry	and a	Tappelleuseon	1932
E	100	La'in		
FA	14. BIRTHPLACE (city or town)	nit,	Name of operation (Date of
ER	15. MAIDEN NAME Laral	Pole	23. If death was due to external causes (VIOL ENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or town)	at Dekout.	Accident, sulcide, or homicide? Date of injury	The state of the s
Σ	(State or country)	red,	Where did injury occur?	
17. 1	INFORMANT John (Address)	Boud R.D.	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	r and State) IBLIC PLACE.
18. 1	BURIAL, CREMATION, OR REMOVAL	0 . 0 . 0 . 1/	Manner of injury	
	Place Theen springe	Mate fraly 0, 19 Jb	Nature of injury	
19. (UNOERTAKER Newscare (Address)	town out	24. Was disease or injury in any way related to occupation of dece	ased? Dev
20. 1	FILED July 6 1936 PSE	Thus Knight	(Signed) Caude Lac	grace M. I

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Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & FIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 3 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- No.	

STATE OF MARYLAND—CERTIFICATE OF DEAT	
STATE OF MARYLANDS—CERTIFICATE OF DEAL	H

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County Willage or City Willage	1. PLACE OF DEATH		(107-0)		10.	5
Length of residence in city or town where death occurred with a hospital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write fibe word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of STATE OF DEATH 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of STATE OF DEATH 7. ACE Years Months Days If LESS than 1 day. hrs. or. min. 1 day. hrs. or. min. No. 1 last saw h 1 aliva on. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of married, widowed, or work and as SFINNER, SAWYER, BOOKKEPER, etc. 9. Indivity or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Indivity or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Indivity or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Indivity or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Indivity or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Individual control of the date stated above, at Other Contributory Causes of importance: Other Contributory Causes of importance:	County Huxford	-1-6		Registration Dist.	No. / 8	5
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(State or country) What test confirmed diagnosis? Was there an autopsy?	(State or country)		What test confirmed diagnosis?		. Was thera an aut	opsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Data of Injury (State or country)	15. MAIDEN NAME	known	23. If death was dua to external cause	s (VIOLENCE) fill in al	iso tha following:	
To lead the control of language of languag	6 16. BIRTHPLACE (city or town)	many	Accident, suicide, or homicide?	Data o	f Injury	, 19
(State or country) Where did injury occur? (Specify city or town, county and State)	∑ (State or country)	0	Where did injury occur?	(Specify city or town	county and State)	
17. INFORMANT Henry Johnson Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	17. INFORMANT Henry to	fuson	Specify whether Injury occurred in I			
(Address) O MulcHall		nleHall				
18. BURIAL, CREMATION, OR REMOVAL Manner of injury Manner of injury	Kalen Ben	lecty 4 . 36	Manner of injury			
Place Nature of injury Nature of injury	Place	end ate	- Nature of injury			
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Registrar. (Address) - Address - Add	()		A	released	-	1-12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Daampies.
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lagrangia de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la company			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. properly classified. E

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Length of residence in city or town where death occurred Syrs, mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) DERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE OR BIVORED (work where the ford) OR BIVORED (work where the ford) OR BIVORED (work where the ford) AGE. Years Months Deys If LESS then I day, hrs. of min. AGE. Years Months Deys If LESS then I day, hrs. of min. AGE. Years Months Deys If LESS then I day, hrs. of min. AGE. Years Months Deys If LESS then I day, hrs. of min. AGE. Years Months Deys If LESS then I day, hrs. of min. Or min. Or min. Or min. Or min. Or min. Other Contributary Causes of importance:	1. PLACE OF DEATH		(an)			
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What test confirmed diegnosis? Was there en autopsy? The state of country to t	13. NAME bavid Johnson	n	10 11	N. bad. m.	myocard	
What test confirmed diegnosis? Was there en autopsy? The state of country to t	14. BIRTHPLACE (city or town) WISTMON	ore	Name of operation		Oate of	
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) B. BURIAL, CREMATION, OR REMOVAL Place Mahwah, N.J. OatAugust 3, 136 UNOERTAKER HOWard K. McComas, (Address) D. FILEO Aug 1, 1936 & Thily M Shiplay (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease er injury in eny way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State)	(State of country)	1 11.10	What test confirmed diegnosis?	***************************************	Was there en a	autopsy? 10
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) B. BURIAL, CREMATION, OR REMOVAL Place Mahwah, N.J. OatAugust 3, 136 UNOERTAKER HOWard K. McComas, (Address) D. FILEO Aug 1, 1936 & Thily M Shiplay (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease er injury in eny way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State)	15. MAIDEN NAME MILLING SOULL	ray Lyp	deeth was due to external cer	uses (VIOLENCE) fill li	n elso the following	: 110
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of injury Place Mahwah, N.J. OatAugust 3, 136 UNOERTAKER Howard K. McComas, (Address) O. FILEO Aug 1, 1936 & Thile M Shiplay Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease er injury in eny way related to occupation of deceased? If so, specify (Signed) (Signed)	16. BIRTHPLACE (city er town)		The state of the s	Det	le ef injury	, 19
Manner of injury 9. UNDERTAKER HOWARD K. McComas, (Address) O. FILEO aug 1. 1936 & Muly M Shiplay Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease er injury in eny way related to occupation of deceased? If so, specify (Signed)	(State of country)	con	Where did Injury occur?	(Specify city or to	wn. county and Stat	w)
Place Mahwah, N. J. Oat August 3, 136 9. UNDERTAKER HOWARD K. McComas, (Address) A bingdon, Md. O. FILEO aug 1, 1936 & Thile M Shiplay (Signed) Mahwah, N. J. Oat August 3, 136 Nature of injury 24. Wes disease er injury in eny way telated to occupation of deceased? (Signed) Mahwah, N. J. Oat August 3, 136 Nature of injury (Signed) Mahwah, N. J. Oat August 3, 136 (Signed) Mahwah, N. J. Oat August 3		and.	Specify whether Injury occurred I	n INOUSTRY, In HOME	, or in PUBLIC PL	ÄĆE.
(Address) A bingdon, Id. O. FILEO aug 1, 1936 & Mile M Shiplay (Signed) Wash Stuff		st 3 ,136		***************************************		<i>A</i> 2.
O. FILEO aug 1, 1936 & Mile M Shiplay (Signed) Wast to Wy	9. UNDERTAKER Howard K. McComas, (Address) A bingdon. Md.		1//	yay related to occupation	on of deceased?	Mo.
	O FILEO aug 1 1936 6 mily M S.	hiplay	(Signed). MON	Ulothe	Hog Eur	000
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	If more blanks are needed, a	ddress State Registrar		rauesting 7) S. No.	1	HII

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage :	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	E071	Other contributory causes of importance:	
Gallstones Also	May 1,1933	Gastroenteritis	1 year
BUREAU			
ADDITIONAL SPACE F	OK PERTH	ER STATEMENTS BY PHYSICIAN	

			MAR	YLAND-	CERTIFICATE OF DEATH	7426
1.	PLACE OF DEA	211	7 -	1	95-5	46
	County Har	Jora (our	y	Registration Dist. No/_	R.Y
	Village or City	ageiro	100	ma (II	NOSt., death occurred in a hospital or institution, give its NAME instead of street as	
	Length of residence in ci	ity of town where deal	th occurred	yrsmos		_mosd
2.	FULL NAME	arrie	dee	down	A	
	(a) Residence: No	Edges	000	d ma	St., Ward.	
	PERSONAL AN	D STATISTIC	(Usual place		If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SI				RIED, WIDOWED.	21. DATE OF DEATH	
te	emale lot	rete 1	OR DIVORCE	D (write the pord)	(Month) (Qey)	1936
5a, 1	If married, widowed, of dive	orced ()	2 ,	1		(Yeer)
	HUSBAND of (or) WIFE of	c L L L	redor	u ecane	22. 7-5 I HEREBY CERTIFY, That I attend	led deceased fro
c D	ATTOC DIDTH (month do	7.1	24-	1868	1 last saw h. 2 alive on 2 = 5	19
7.	GE GE BIRTH (month, da	Months	Oays	If LESS than	to have occurred on the date stated above, at 9 30 dies	; death is se
(68	4	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance wege as follows:	
z	8. Trade, profession, or p	erticular			& Corney Unnloss	Date of one
TION	kind of work done, SAWYER, BOOKKEE	EPER, etc.	usew	efe	Dartenst Iclaratio heart disease	years
CCUPA	9. Industry or business to work wes done, as S SAW MILL, BANK,	n which SILK MILL,		0	3 Pulmonary infact	7-1-30
2	10. Dete deceased last wor	rked et	11. Totel t	ime (years)		
7	this occupation (mo	onth and	- octi	nt in this upetion		
12. 1	BIRTHPLACE (city or town)	Larles	Town		Other Contributory Causes of Importance:	1000
	(State or country)	ma	yla	d		
HER	13. NAME Harr	4/300	12.			
	14. BIRTHPLACE (city or to	of Gerry	ville	4	Name of operation	f
	(State or country)	1 the	aryl	and	What test confirmed diagnosis? Chemical Wes there	an autopsy?_21
T -	15. MAIDEN NAME	chael	Wood	row	23. If death was due to externel causes (VIOLENCE) fill in elso the follow	ving:
MOT	16. BIRTHPLACE (city or to (Stete or country)	own)ly-as	role.		Accident, suicide, or homicide? Oete of Injury	, 19
	54.	EHEB 1	W.	1	Where did Injury occur? (Specify city or town, county and	
17. 1	(Address)	Della .	al -	wel	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. F		REMOVAL /30	Deres	78 21	Manner of Injury	
	PlaceVester	u Cour	Date July	, 1931	Neture of injury	
19 1	UNDERTAKER OF	Veaces	COL	X	24. Wes disease or injury in any way releted to occupation of deceased?	no
	(Address) / 7_1	7 14	and	24	If so, specify	
		1				
20. F	FILED Suly 9	19 36 6 mi	ly m	Phiplan	(Signed) Led Offolous (Address) Edglivro 1, Ma	M.

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Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance.	/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state UPA 1. PLACE OF DEATH should County - and Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) O How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred. ds. statement PHYSICIAN If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) rarriea (Month) (Year) CTI classified 5a, If merried, widowed, or divorced HUSBANO of IHEREBY C ERT f FY, Thet J attended deceased from (or) WIFE ot × B 6. DATE OF BIRTH (month, day, end year)certificate. proper 7. AGE Years Months Oeys If LESS then to have occurred on the dete stated above, et. 1 dey,____hrs. The PROPERTAL CAUSE OF DEATH and releted causes of importance or min. Oate ot onset 8. Trede, profession, or perticuler UPATION kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, etc back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ... 1f. Totel time (yeers) 10. Dete deceesed last worked et on this occupation (month and T spent in this that AGE instructions Other Contributory Causes of important 12. BfRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation_ plain (Stete or country) carefully Whet test confirmed diagnosis? ----- Wes there an eutopsy?_____ MOTHER f5, MAIOEN NAME important. 23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: in DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?_____ pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT should very En ashma OF (Address) 18, BURIAL, CREMATION, OR Menner of Injury WRITE S CAUSE Nature of Injury. LION 24. Wes diseese or injury in any way related to occupetion of deceased? 19. UNOFRTAKER (Address) If so, specify M (Signed) M. D. Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis ALIC 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	7428
County Harford	Registration Dist. No. 182
Village or City 7 beeslow	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James may bell	1
	St., Ward,
(a) Residence: Np. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 27 (Day) (Year)
5a. II married, widowed, or divorced HUSBANO of (or) WIFE ol	22 1 HEREBY CERTIFY, That I attended deceased Irom
6. DATE OF BIRTH (month, day, end year) 1883	June 26 , 1936, to July 27 , 1936
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and 1030-m.
53 - 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.	Chr. Myocardial Dissay 87000
B ladustry or hypiness in which	(Ovelentoschraus)
Work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Orleany held (State or country) mid	
13. NAME Thomas maffieles	
13. NAME Showers Maffieles 14. BIRTHPLACE (city or town) Coloquement Wills	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME James Hall 16. BIRTHPLACE (city or town) Harfond Company (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Harford Com	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Sice (Address) Roller Mid	Specily whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Characterist Firm Date July 29, 1931	Manner of Injury
X Y/	Nature of mjuly
19. UNDERTAKER Degree texter (Address) Bel an ned	24. Was disease or injury in any way related to occupation of deceased?
7/10 2/ 7/	(Signed) Willard P. Hudson M.D.
20. FILED // LY , 19.06 Ust gima Chamilles Registrar.	(Address) Fourt Kill md

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Chronic interstitial nephritis	1921	Run over by street car 1 w		
Cerebral hemorrhage	July 5,1927 Peritonitis 9861 9 9NV		AUG 5 1936	3 days ago
			UECEINEL	
Other contributory causes of importance:		Other contributo	ry causes of importance:	
Gallstones May 1,1923 Gasta		Gastroenteritis		1 year

WITHIR CREPORA

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	180
County Harton	Registration Dist. No. 185
Village or City Dush River States	Noted. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town whera death occurredyrsmos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME allen Proof Your	Menley
(a) Residence: No of when lally of orthe (Usual place of abody)	St. / A Ward. Culsure. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5. SINGLE MARRIED WIDOWED.	21. DATE OF DEATH
Mile While OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
14/47/916	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) & Vol. 1, 196	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
	were as follows: Date of onset
R Trade, profession, or particular kind of work done, as SPINNER, Abornar SAWYER, BOOKKEEPER, atc.	accidental Aronnus
	The Cost , withough meady at the risse , had
Andustry or business in which work was done, as SILK MILL, a. Afaile Anguna or SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and the properties) and the same of the properties of the same of	not in shed in the hatel accident out &
this occupation (month and) mile and spont in this Z // //	
vear) occupation	Other Contributary Canses of Importance:
12. BIRTHPLACE (city or town) Common	Deceased, fishing with his father and brother on a
al Paul Marke.	- small boat a desided to get westored and sum
13. NAME 1811 13. NAME 1811 13. NAME 1811 14. BIRTHPLACE (city or town) L. Cadorges Franchip	Swimming some distance, he was seized with
14. BIRTHPLACE (city or town) (State or country)	Name of operation amps sank and was drawn Date of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) filt in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? Bush River of a
Partle Mecklen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Javan Valleys Pa	Julie Clase
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Thewald : accidental.
Place Viree Valley Date July 1, 1936	Neture of injury
19. UNDERTAKER Henry Jakring & Long	24. Wes disaase or injury In any way related to occupation of deceesed? Lo
(Address) affiles Mil.	If so, spacify ————————————————————————————————————
20 FILED July 4 1936 Charles & Joley M. 2	(Signed) Jany J Garana Corguer m. v.
Remistrar	(Address) Welley, mo

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Othon contributory course of in the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	
County Darford Co.	Registration Dist. No. 182
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Saish & Jorock	<u> </u>
(Usual place of abode)	O. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(Or) WIFE OF Eugene Tocole	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Sula 4 1847	I last saw h and alive on July 1 193 death is said
7. AGE Years Months eys If LESS than	to have occurred on the date stated above, at 10 - Pm.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Museasdelis Chronic Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sid pardition Chronia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	- June early of the second
SAW MILL, BANK, etc	
Sheuf III full?	
year) J478 occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	age
(Stete or country)	f
14. BIRTHPLACE (city or town). Sang. Green	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(Stete of country)	What test confirmed diagnosis? Novel Was there an autopsy?
15. MAIDEN NAME Susan Slade	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Many dashes Maryon	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Bolto a. med.	Where did injury occur?
17. INFORMANT Muss Seonora Harle (Address) Bol Gin Manhael	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Checkent grove Balls Capate gerty 10, 1936	Nature of injury
19. UNDERTAKER Wom C Byoolis of Son	24. Wes disease or injury in eny way related to occupation of deceased?
2/10 2/2/6/2014	If so, specify (Signed) Am Jon Man
20. FILEO / 19.36 O.C. Chamais Registrar.	(Address) Bel le red
The many blacks are maded all the Control of	(mulios) f. Z.

eded, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as f	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECKINE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		100 000		
			3	DECEMBER 1

V. S. No. 1

of infor-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2
County 27 auxora	Registration Dist. No. 10
Village or City & Carborough	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 3 yrsmos	
2. FULL NAME Fridrick Scarlo	Zough If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Solding 30 , 193 6 (Year)
5a. If merried, widowed, or diversed HUSBAND of Carlorough Carlor	22. 1 HEREBY CERTIFY, That I attended deceased from
Man 2 3 1862	I fest saw harm alive on July 29 , 1836; deeth is seid
6. DATE OF BIRTH (month, dey, end year) 7. AGE Yeers Months Days If LESS then	to have occurred on the date steted above, at & G. m.
73 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trade profession or particular 0	Cefanic Heart dears Date of onget
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et authority in this occupation (month and	
Spotteril this A	
yeer) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Transford Co. (State or country)	
# 13. NAMES amuel & carborough	
13. NAMES amul & Carborough 14. BIRTHPLACE (city or town) A tarford Co., (State or country) Md	Neme of operation. Whet test confirmed diegnosis? Chinese Rywas there an autopsy?
15. MAIDEN NAME Jane Bailey	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME and Bailey 16. BIRTHPLACE (city or town) Adaptor Co. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mory Edith & carborough	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Struct, M. d., B. 40, 1.	
Place ascension am Date aug. 1, 1936	Menner of Injury
19. UNDERTAKER AT A Bailey (Address) Danlington	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED Sular 31, 1936 M. W. Hills	(Signed) That I want M. D.
Registrar.	(Address) 2019 CF CF

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-	state	UPA-	
em of	plnods	JOCC J	
TH UNFADING INK-THIS IS A PERMANENT RECEND. Every item of infor-	ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ENT RE	TLY. I	ed. Exa	
ERMAN	EXAC	y classifi	te.
IS A P	stated	properl	See instructions on back of certificate.
HIS	be	be	Jo
INK-T	should	it may	on back
DING	1. AGE	se that	uctions
UNFA	supplied	n terms,	ee instr
LH	ly.	lain	S

	S	TATE OF	F MAR	YLAND-	CERTIFICATE OF DEATH 743	2
1	1. PLACE OF DEAT	TH			(Ha ?)	
	County	Harf	ord		Registration Dist. No. 18	
	Village or City	Aber	deen, Mo		NoSt.,St.death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
	Length of residence in ci				f death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos	
					Jan 1016 11 01 11 11 11 11 11 11 11 11 11 11 11	us.
-	2. FULL NAME			EDULY	0 W A	
	(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLO	Blk.	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH July 13th/Zhy 193 (Y	rear)
5a.	. If married, widowed, or divo	orced				
	(or) WIFE of				22. I HEREBY CERTIFY, That I attended decease	
6	DATE OF BIRTH (month, da	w and year) T	ulv 13	his 1776		
_	AGE Years	Months	Days	If LESS, than	to have occurred on the date stated above, atm,	i is said
				1 day, /Z hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession, or pr	articular		1 01	Baby born with a caul & hr.	ofonset
110	8. Trade, profession, or pr kind of work done, SAWYER, BDOKKEE				before my arrival all attempt	
JPA.	9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL,			at resusitation futile	
OCCUPATION	10. Date deceased last wo this occupation (mo year)	rked at onth and	sper	me (years)		
12	. BIRTHPLACE (city or town)	Aberde	en, Md.	R.D.	Dther Contributory Causes of importance:	
~	(State or country)	Harfo			-	
FATHER	13. NAME Charle					
FAT	14. BIRTHPLACE (city or to (State or country)	own) Nr.Pe	rryman	, MQ	Name of operation Date of	
2	1	len Elis	aheth 1	Bond	What test confirmed diagnosis? Was there an autopsy	?
15. MAIDEN NAME Helen Elisabeth Bond 16. BIRTHPLACE (city or town) Nr. Aberdeen, Md (State or country)					*23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?, 1 Where did injury occur?, 1	9
17. INFORMANT Holm Stanston Yortan (Address) Hundry Md					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Grown M & Date July 13,1936					Manner of Injury	
19	Buried Ly UNDERTAKER (Address)	veher o	Sch	eld	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED July 13,1936 OC Michael				Michael Registrar.	(Signed) 1 Plane	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago 3 days ago	
July 5,1927	Peritonitis		
May 1 1023	Other contributory causes of importance:	1 year	
11 ay 1,1020	Cradit Constitution	3000	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis	

V. S. No. 1

1. PLACE OF DEA	TH			82-00	/
County Ya	fa	~		Registration Dist. No.	185
Village or City	Haur	e de Z	race	No. Hospital - St.	Ward
Length of residence in c	ity or town where	death occurred 2	5 yrs 6 mos	f death occurred in a horpital or institution, give its NAME instead of street and s. 2 ds. How long in U.S. if of foreign birth? 2 yrs.	number) nosds.
(a) Residence: No.	Haar	de La	ee.	St., Ward.	
		(Usual place o		If nonresident give city or town an	d State
PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Mala Ce	or or race	S. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (North) (Day)	, 193 C, (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced		0	22. I HEREBY CERTIEY, That I attended	deceased from
6. DATE OF BIRTH (month, da	v. and vear) 2	aw. 28	8-1911.	Wast saw haring allve on 30 1936	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at & As m.	
25	6	2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Ande, profession, or pkind of work done SAWYER, BDDKKE	articular as SPINNER, EPER, etc.	Bar Ja	uden	Cerebre hemmhags	Oate of onset
kind of work done SAWYER, BDDKKE 9. Industry or business I work was done, as SAW MILL, BANK, 10. Oate deceased last wo	n which		_		
10. Oate deceased last wo this occupation (mo year)			me (years) t in this pation 1		
12. BIRTHPLACE (city or town) (State or country)	H	me de de	2	Other Contributory Causes of Importance:	
13. NAME	would	Trucce	lo		
13. NAME 14. BIRTHPLACE (city or t (State or country)	own) How	re de L	ace.	Neme of operation Date of	7.
	0-	5		What test confirmed diagnosis? Was there an	
15. MAIOEN NAME 6 16. BIRTHPLACE (city or to (State or country)	own) Ka	ma,	Gran	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Oate of Injury Where did injury occur? Where	7
17. INFORMANT. MA (Address) Ha	re de	& There	ubo:	(Specify city or town, county and St. Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR Place Cary	Lief	Date aug	2, 2, 1936	Manner of Injury	
19. UNDERTAKER (Address)	wing!	Shace	, md.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Queg 2,	1936 64	as. 1 9	Tolay . M. L. Registrar.	(Signed) Trans and Collect (Address) Laura de Soure	Z O M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Comband have small and AUG 5 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04,3

of OCCUPA-

ARGIN RESERVED FOR BINDING

ż	B	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC	S	S A PE	SRMANENT	RE
		mation should be carefully supplied. AGE should be stated EXACTLY. I	es	tated I	EXACTLY	Y. I
(CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	e p	roperly	classified.	Exa
7		TION is very important. See instructions on back of certificate.	f ce	ertificate	ď	

STATE OF MARYI AND	CERTIFICATE OF DEATH 7434
1. PLACE OF DEATH	
00 0	(210-m)
County Stags for de Co	Registration Dist. No. 100
Village or City I Cafre De frace	death occurred by a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	· ·
Was 5	1 1 1
2. FULL NAME // (ro. Omma /r	Balan
(a) Residence: No. 600 Y/ Lanklin St. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female white Married	July 1 1936
69. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of Martin Pruscell	22. I HEREBY CERTIFY, Thet I ettended deceased from
77,00000	, 19, 19, 19
6. DATE OF BIRTH (month, day, and yeer) Capril 144 1915	I last saw h alive on, 19; deeth is said
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, at 34m.
2/ yro. W // 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Alsusurfe	Tractice & Spill
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and	4
SAW MILL, BANK, etc	Saternal Remarchago
O 10. Date deceesed lest worked at 11. Total time (yeers) spent in this occupetion (month and yeer) occupetion occupetion	1
(A) - T	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Dale wore, Md.	
(State or country)	
13. NAME Mr. Christian Jarson	
14. BIRTHPLACE (city or town). Palturiore Md.	Neme of operation Dete of
(State of Country)	What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Cristal Rauther 16. BIRTHPLACE (city or town) Walt 7 d	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) 12act 7 d	Accident, suicide, or homicide accident. Dete of injury July 1, 1936
∑ (State or country)	Where did injury occur? Characal, M.
17. INFORMANT Martin Trufall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 600 N. Franklin St. Balton	Juffer Tlace
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Coustomabile acceleut
Plece Ballimore Dete July 3-, 1936	Neture of injury as above. 1
19. UNDERTAKER Perren day / for	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Steley 1936 Charles & Joles M.D.	(Signed) f. Tanaheur Caran mo
20. FILED FACE 1, 1995 Registrar.	(Address) Have de Greet, und.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 105,1027	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECOMD. stated EXACTLY. be properly classified. ARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLAINLY

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH				(100)	IUI
	County Susgahanna	River	c , H	arford	Registration Dist. No. 185	
	Village or City Havre	de Gi	cace,	Md.	ND. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence In city or town when	e death occ	urrad		death occurred in a hospital or institution, give its NAME instead of street and n	
2	. FULL NAME Unknow	wn			If U. S. Veteran, specify WAR	
	(a) Residence: No.		Jsual place o		St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATIS	TICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word) Colored OR. Divorced (write the word)					21. DATE OF DEATH UNKNOWN - July 29	7 ₁₉₃ 6 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	B			22. I HEREBY CERTIFY, Thet I attended of	daceased from
	DATE OF BIRTH (month, day, and year)	Me	wn	1911		_ ·
	AGE Years Months		Deys	If LESS then	to heve occurred on the date stated abova, at	, dectil is said
	25 Unknown			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
NO	rede, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc				Drowned: Leas a bout involved? Tenknown.	
OCCUPATION	Andustry or business in which		known		manner of occurrence? Hacknown.	
מכת	work was done, as SILK MILL, SAW MILL, BANK, etc				Cw402	
ŏ	this occupation (month end		11. Total til span occu	tin this pation		
12.	BIRTHPLACE (city or town)	Unkr	nown	• • • • • • • • • • • • • • • • • • • •	Dither Contributory Causes of importance:	******
ER	13. NAME					**********
FATHER	14. BIRTHPLACE (city or town)(State or country)	Unkı	nown		Neme of operation Data of What test confirmed diagnosis? Was there en a	
ER	15. MAIDEN NAME	Unkı	nown		23. If death was due to axternal ceuses (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)(State or country)		***		Accident, suicide, or homicide? UNKNOWN Date of Injury Whare did Injury occur? Susquahaanna River	,19
17. INFORMANT Engington + for (Address) Harle de Grace, Md.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Public Place	CE.
18. BURIAL, CREMATION OF DEMOVICEM. Place Havre de Grace, and 7/29, 19.36					Manner of Injury Prowned	
19. UNDERTAKER Geo. T. Pennington Jon (Address) Havre de Grace . Md.					24. Wes disease or injury in any way related to occupation of daceased?	
20.	FILED July 29 , 1936 Let	Parle	1.0	ley D. D. Registrar.		ner wo.
	If mo	re blanks a	re needed, a	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1901	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
MIDEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7436
1. PLACE OF DEATH	95-2
County Hartord	Registration Dist. No. /82/
Village or City Bel an md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
no + 1.100	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Marlin Walsh	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, at millums.
6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Prade, profession, or particular	were as follows:
ind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I stally curace
Shade, profession, or particular and of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Disease
10. Date deceased last worked et this occupetion (month and spent in this	7 11 10
this occupetion (month and spent in this occupetion	our acas in floor, of swany
12. BIRTHPLACE (city or town) Ballense	Other Contributory Canses of importance
(State or country) Mrs U	
13. NAME John Walsh	
13. NAME Walsh 14. BIRTHPLACE (LILY OF TOWN) 14. State of State	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. Stella or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Coalling (State or country)	Accident, suicide, or homicide?, 19,
(State of Country)	Where did injury occur?(Specify city or town, county and State)
(Address) (143 M. Day St. Or m.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M 31 m Date July 9, 19.36	Nature of injury
19. UNDERTAKER Dean Y July	24. Wes diseese or injury in any wey releted to occupation of deceased?
(Address) Beller med.	If so, specify
20. FILEO 7/ 9 , 19 36 Virginia Chambers	(Signed) Was Nichow down M.D.
Remittee	(Address) ASOU COLOR 74.

Registrar.

wolf 28749,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of importance were as follows: Arteriosclerosis Chronic interstitial nephritis 1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Chronic interstitial nephritis 1921 1 Cerebral hemorrhage July 5, 1927 1	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927 1		
	Peritonitis	3 days ago
AUG 5 1935		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1, 1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(95.F)		
County Hafford	Registration Dist. No. 183		
Village or City Harrelleville			
	f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence to city or town where deeth occurred	h . 0 .		
2. FULL NAME Cloved Hellen	felon		
(a) Residence: No. (Usual place of abode)	Zest, Ward.		
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
necele where or DIVORCED ("write the word)	Duly 211 1936		
5a. If married, widowed, or divorced	(Month) (Day (Year)		
HUSBAND OF Commit E. Welson	22. I HEREBY CERTIFY, Thet I attended decessed from Quely 23 1936 to Quely 24 1936		
6. DATE OF BIRTH (month, day, and year) (Lucs 3-1868	I lost saw hern alive on July 24 ,192/ ; death Is said		
7. AGE Yeers Months Days If LESS then	to have occurred on the date steted above, at		
66- 11 2 / I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
Trade profession or particular	Chance Organie Heart Disease Down		
SAWYER, BOOKKEEPER, etc			
9. Industry or business In which work wes dona, as SILK MILL, SAW MILL, BANK, etc			
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spant in this	-		
this occupation (month end spent in this occupation			
12 PIRTURI LOS (STANDES) CARESTROLLE Standard	Other Contributary Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)	Tall stones		
II 13. NAME Savid Welson			
14. BIRTHPLACE (city or town) Balto Co med	Name of operation Prone Date of Date of		
(State or country)	What test confirmed diegnosis? Was there an autopsy? %		
IS. MAIDEN NAME Prechel Stade	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:		
15. MAIDEN NAME Acchel Stade 16. BIRTHPLACE (city or town) Bol to 1 CO md	Accident, suicide, or homicide?		
(State or country)	Where did injury occur?		
17. INFORMANT My Course 2 holon	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
(Address) Jarrettsville Jud	open, manual many occasion in the control in the co		
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury		
Place Detter Date Date Date Date Date Date Date Date	Nature of injury		
19. UNDERTAKER TOTAL OF THE (Address) Successional Fred	24. Was disease or injury in any way related to occupation of deceased?		
Outle 21 hl Bld	(Signed) It I Bradley M.D.		
20. FILEDULY COO, 1920 Thomas V. Rogistrar.	(Address) Panetholila Md		
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example I		Example II	
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Arteriosclerosis 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SALLE FALL V. S.	July 5, 1927	Peritonitis	3 days ago
	= 23		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year